

**STATE OF MICHIGAN
PROBATE COURT
COUNTY OF _____**

☐ **APPLICATION** ☐ **PETITION**
TO REOPEN ESTATE

FILE NO.

Estate of _____

1. I am interested in the estate and make this application/petition as _____ .
State interest/relationship

2. The interested persons, addresses, and their representatives are identical to those appearing on the initial application/petition except as follows: (for each person whose address changed, list the name and new address; attach separate sheet if necessary)

☐ 3. _____ completed administration of the estate.
Name

☐ a. At the time the estate was closed, the estate was subject to supervised administration (check "petition" in the title above).

b. The personal representative's authority to act has terminated because:

- ☐ an order of complete estate settlement was entered following notice to all interested persons and a hearing, and the personal representative was discharged.
- ☐ the sworn statement was filed more than 1 year ago.
- ☐ the estate was closed before April 1, 2000.
- ☐ the estate was administratively closed under MCL 700.3951.

☐ 4. _____ failed to perform the required duties, administration of the estate was not completed, and the estate was administratively closed by court order on _____
and remains closed (must file a petition). Date

The required duties

- ☐ have not been performed.
- ☐ have been performed and the required filings are attached and being filed with this petition.

☐ It is necessary that a successor personal representative be appointed to continue and complete administration of the estate.

☐ 5. The estate was administratively closed for good cause, after notice and hearing (check "petition" in the title above).

6. It is necessary to reopen the estate because:

- ☐ estate property valued at \$ _____ has been discovered and requires administration.
- ☐ there is other good cause to reopen the estate as follows:
- _____

(PLEASE SEE OTHER SIDE)

Do not write below this line - For court use only

7. **I REQUEST** that the estate be reopened and that administration of the reopened estate be granted to:

Name		Address	
City	State	Zip	Telephone no.
<input type="checkbox"/> the former personal representative. <input type="checkbox"/> a successor personal representative. <input type="checkbox"/> a special personal representative.			
<input type="checkbox"/> who has priority as _____ . Other persons having prior or equal right are:			
Name(s)			

I declare under the penalties of perjury that this application/petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Attorney signature		Date	
Applicant/Petitioner signature			
Attorney name (type or print)	Bar no.	Applicant/Petitioner name (type or print)	
Address		Address	
City, state, zip	Telephone no.	City, state, zip	Telephone no.